

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518 434

FILING DATE

AFFIDAVIT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							101
2		/		/			52				/			102
3		/		/			53				/			103
4		/		/			54				/			104
5		/		/			55				/			105
6		/		/			56				/			106
7		/		/			57				/			107
8		/		/			58				/			108
9		/		/			59				/			109
10		/		/			60				/			110
11		/		/			61				/			111
12		/		/			62				/			112
13		/		/			63				/			113
14		/		/			64				/			114
15		/		/			65				/			115
16		/		/			66				/			116
17		/		/			67				/			117
18		/		/			68				/			118
19		/		/			69				/			119
20		/		/			70				/			120
21		/		/			71				/			121
22	/		/				72				/			122
23	/	/	/	/			73				/			123
24		/		/			74				/			124
25		/		/			75				/			125
26		/		/			76				/			126
27		/		/			77				/			127
28		/		/			78				/			128
29		/		/			79				/			129
30		/		/			80				/			130
31		/		/			81				/			131
32		/		/			82				/			132
33		/		/			83				/			133
34		/		/			84				/			134
35		/		/			85				/			135
36		/		/			86				/			136
37		/		/			87				/			137
38		/		/			88				/			138
39		/		/			89				/			139
40		/		/			90				/			140
41		/		/			91				/			141
42	/	/	/	/			92				/			142
43	/	/	/	/			93				/			143
44	/	/	/	/			94				/			144
45	/	/	/	/			95				/			145
46	/	/	/	/			96				/			146
47	/	/	/	/			97				/			147
48	/	/	/	/			98				/			148
49	/	/	/	/			99				/			149
50	/	/	/	/			100				/			150
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS							

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